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FACSIMILE TRANSMISSION COVER SHEET

Date: February 22, 2010

To: United States Patent and Trademark Office
Examiner: Nguyen, Joseph H.; Art Unit: 2815

Fax: (571) 273-8300

Re: **Application Serial No.: 10/643,461**
Filing Date: 8/18/2003; First-Named Inventor: Xiang
Attorney Docket No.: 0180144

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 9

Message:

Enclosed please find the Amendment and Response to Office Action dated December 22, 2009.

Authorization is hereby given to the Director to charge any fees associated with this communication or credit any overpayment to Deposit Account 50-0731.

Thank you.

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Attorney Docket No.: 0180144

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Xiang, et al.SERIAL NO.: 10/643,461 FILED: August 18, 2003FOR: Field Effect Transistor Having Increased Carrier MobilityHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$130.00
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☒ TOTAL EXTENSION FEE \$ 130.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **20	* = 0	x 52	x 26	\$
INDEPENDENT		MINUS ***3	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

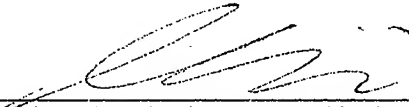
TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

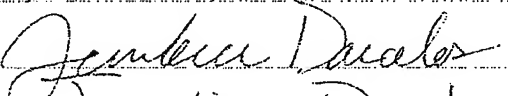
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- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$_____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☒ Please charge Deposit Account No. 50-0731 in the amount of \$130.00
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

Date: 2/22/10By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

2/22/10
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Signature
Jennifer Davalos
Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

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